Nova Scotia

ANNUAL REPORT

for the fiscal year
ending March 31, 1986

Department of Health

To His Honour,
The Honourable Alan R. Abraham, C.D.,
Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the Annual Report of the Department of Health for the year ending March 31, 1986.

I have the honour to be, Sir,

Your most obedient servant,

Ronald S. Russell, C.D.
Minister of Health

To The Honourable Ronald S. Russell
Minister of Health
Province of Nova Scotia

Sir:

I have the honour to submit herewith the Annual Report of the Department of Health for the year ending March 31, 1986.

Health unit and division reports are abridged versions of the complete reports, which are available in the Department.

I have the honour to be, Sir,

Your obedient servant,

J. E. Harris Miller, M.D.
Deputy Minister

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DEPARTMENT OF HEALTH

This report is a summary of highlights of the year for the Department as well as a summary of some key activities of the various divisions within the Department. It is intended to give a brief overview of the Department's activities in the province during the year 1985-86. For those who would like further information on these activities, health units and divisions within the Department have prepared reports and analyses of a more detailed nature.

For the fiscal year 1985-86 the Department of Health organized its major functions and support services as outlined below.

DEPUTY MINISTER

Administrator	--	Health Care Institutions
Administrator	--	Psychiatric Mental Health Services
Administrator	--	Community Health Services
Administrator	--	Finance
Administrator	--	Information Systems & Research
Director	--	Vital Statistics
Director	--	Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS DIVISION

The Division is responsible for the Department's programs and services to health care institutions. The principal functions of the Division in fulfilling its responsibilities include:

- monitoring of general hospital operations and standards
- review of availability, accessibility and utilization of hospital services by the community
- review and evaluation of hospital staffing
- hospital staff training and development
- hospital planning and construction
- budget review and monitoring of approved hospital expenditures
- provision of consultant services to hospitals
- hospital services planning

The province, for purposes of planning and reviewing hospital services, is divided into nine regions. Three regional directors cover the hospitals and centres in each of these regions, sharing the responsibility for Region IX, which includes the Halifax Metro area.

Team visits were made to Roseway, Digby General, Yarmouth Regional, Dawson Memorial, Hants Community, Western Kings Memorial and Annapolis General Hospitals during the 1985-86 fiscal period. Team visits begin with a review and clarification of hospital performance on a department by department basis. During the visit the Department of Health is represented by the administrator, regional director and staff consultants from the Health Care Institutions Division and Finance and Systems Research. Along with the hospital administrator and department heads, the hospital is also usually represented by board members and medical staff who attend all or part of the sessions. These visits continue to be received well as they assist in clarifying the hospital's role, identifying

problem areas and providing an open forum for discussion and understanding between the Department of Health and the hospital.

Individual visits by regional directors and consultants continued throughout the year on a regular basis and also in response to requests where problems had been identified by the hospital and/or the Department of Health. Every effort is made to keep close contact with hospitals so that a clear understanding of the ongoing situations faced by hospitals and the Department is maintained and problems resolved.

The Nursing Workload Measurement Task Force, started in January, 1985, met eleven times during the year towards making a recommendation for adoption of a workload measurement and staffing methodology. It is intended that the methodology decided on will be standardized for use province-wide and be compatible with the Hospital Mangement Information System (MIS) Guidelines published in 1985. Final recommendations will be made in the coming year.

The Department encourages hospitals to seek accreditation through the Canadian Council on Hospital Accreditation. By so doing, hospitals voluntarily work towards maintaining and improving on the quality of service provided. Most of the hospitals in the Province are in the accreditation program and cover 90% of the beds in the Province.

Divisional staff are members of various national and regional committees on such topics as; Workload Measurements and Productivity Improvement; the Management Information System project; professional associations; health services standards; energy conservation; construction standards and design and safety; Regional and National Health Services Policy Advisory Groups, i.e., therapeutics, pharmaceuticals, radiotherapy, respirology, dietetics and purchasing. With the exception of the Administrator of the Division, the time commitment to these committees is not extensive but does allow for input from staff to regional and national programs on policy development, as well as maintaining professional contacts for information sharing and coordination.

Energy Conservation Programs continued at a slower pace, as much of the retrofit work has been done in many of the hospitals. An Energy Incentives Program was announced early in the year, allowing hospitals to undertake major retrofits with repayment from energy savings. On completion of the payback program, savings will be directed to health care services. The program to upgrade five detection and protection systems in the hospitals continued, although at a slower pace, as many of the hospitals have now completed the necessary renovations.

The new Lab Funding Methodology Study has been completed, and partial implementation of the new system is to take place in the coming year. Lab equipment purchases were increased and totalled $1,800,000.

A new ophthalmology service shared between Annapolis General and Digby General Hospitals was started up during the year. The opportunity to establish this service was provided by a prominent opthalmologist moving to the area, and it seemed appropriate to take advantage of the situation. The range of ophthalmological services available are mainly out-patient; however, some in-patient surgery will be done at Digby General Hospital.

New Social Services Programs, were started at Soldier's Memorial, Fishermen's Memorial and Annapolis General Hospitals during the year. Also, a Workload Measrurement System for Social Services in hospitals, called PRO-SCAN, was implemented across the Province. This system allows for an evaluation of activities and time spent by hospital social workers and makes it possible to make comparisons between hospitals.

It was decided to evaluate the Diabetic Education Program therefore, a Project Study Committee was setup to review the Diabetic Education Program in existence. Six centres agreed to participate in testing the draft forms for patient registration and monthly reports of activities. Five centres continue to report: Victoria General, Fishermen's Memorial, Valley Health Services, Colchester and St. Martha's Hospitals. Northside Harbour View participated in the initial testing only. A com-

puter program to record the incoming data and to produce various reports and analysis of data is currently being developed. The results of this study activity should start to appear in the 1986-87 period.

An inquiry under the Fatality Inquiries Act was held to look into the deaths, postoperatively, of two patients at Northside General Hospital in North Sydney. The report, from Judge Kenneth Crowell, was completed in January, 1986. The Minister appointed an Interim Executive Director, with the powers of the hospital board, to manage the hospital for a two year period from July 1985.

The graphs included at the end of this division's report indicate relative stability in in-patients utilization, mainly due to bed number consistency. Out-patients has increased mainly due to the public's use of emergency and out-patient services as an alternative to doctors' offices.

Throughout the year, staff of the Division were involved in planning and construction activities at the following hospitals:

Veteran's Memorial Hospital. The construction of the D.V.A. Unit on the Camp Hill Hospital site was started.

Colchester Hospital. The $7.2 million construction project for renovations and an addition of an Ambulatory Care Unit to the Hospital was completed during the year.

Digby General Hosptial. Planning has commenced to provide for a new ambulatory wing and cafeteria, as well as for major renovations to the first floor and basement of the current hospital.

Fishermen's Memorial Hospital. The D.V.A. Unit of 24 beds occupies a renovated wing of the original hospital and was completed and opened during the year.

Glace Bay General Hospital. The new hospital of 125 beds has now been completed and all patients and services have been transferred to the new site. The new hospital contains a unit for veterans.

Grace Maternity Hospital. The announcement of a replacement for the Grace Maternity Hospital resulted in increased planning activities for this facility. Architects will be retained in 1986-87 with construction to commence in 1987-88. It is to be built adjacent to the I.W.K. Children's Hospital.

Halifax Infirmary. The surgical suite was expanded and renovated and a surgical I.C.U. added.

Nova Scotia Rehabilitation Centre. Planning has commenced to add 52 in-patient beds, on two additional floors to the hospital, and to renovate the existing structure to accommodate necessary expansion of physicians' offices and other services.

St. Anne Community & Nursing Care Centre. A new community clinic attached to a nursing home was opened. This represents the first joint construction venture between Health and Social Services. The facility, under one board and administration, is a focal point for community health and social services on Isle Madame, Cape Breton.

St. Martha's Hospital. Architectural design work was largely completed for the new St. Martha's Hospital, one of the major construction projects announced during the Fall. Construction will commence in the summer of 1986.

Soldier's Memorial Hospital. Construction on an addition to Soldier's Memorial Hospital was largely completed. This unit will provide care for 25 veterans when it opens in May, 1986.

South Shore Regional Hospital (Dawson Memorial). Construction began on the new 125 bed hospital, with anticipated completion in March/April 1988.

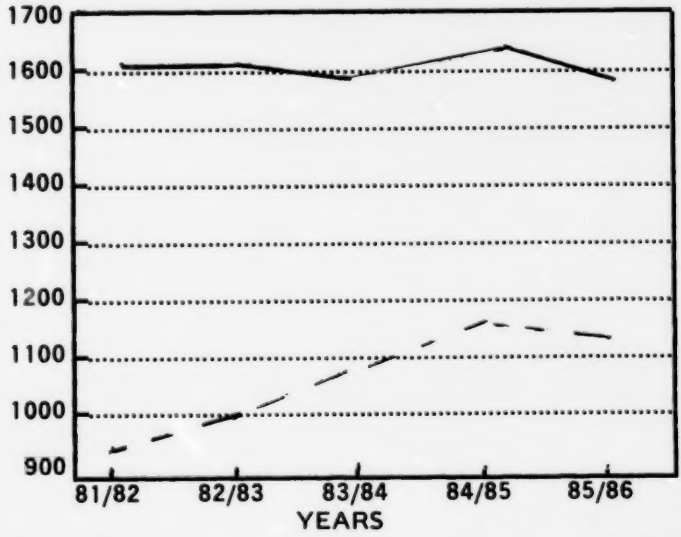
Valley Health Services Association. A new hospital to replace the two existing facilities was announced. Review and revision of existing hospital planning documentation was undertaken.

Western Kings Memorial Hospital. Major renovations to and expansion of the ambulatory services were completed in 1985. Expansion of emergency, laboratory and physiotherapy space provides for increased demands in these areas. A new birthing room and improved staff facilities were also included.

Aberdeen Hosptial. Announcement of the renovations of in-patient areas for Aberdeen Hospital occurred in 1985-86. This will complete the redevelopment of Aberdeen Hospital started five years ago with the expansion of ambulatory facilities.

Dartmouth General Hospital. Expansion of Dartmouth General Hospital was announced in 1985-86. Included in this project are the expansion of the I.C.U., Physiotherapy, Laboratory, Pharmacy and Dietary Departments, together with an additional nursing unit of 25 beds. The project will also include construction of space for future expansion.

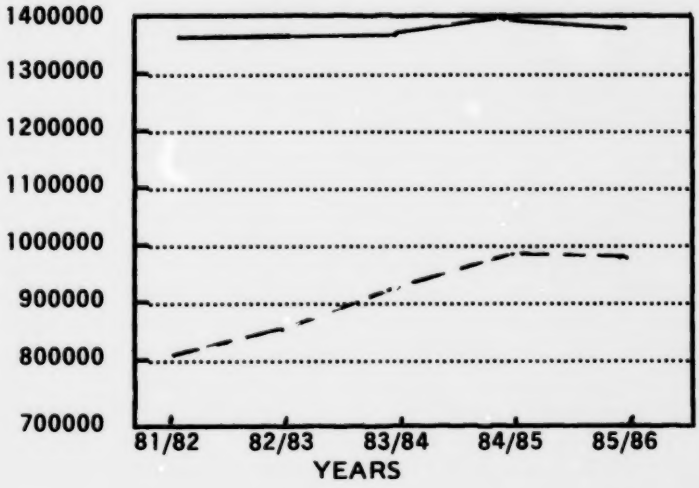
HOSPITAL SERVICES - UTILIZATION
1981/82 - 1985/86



LEGEND
___ PATIENT DAYS/1000 (1)
_ _ _ OPD VISITS/1000

(1) About 3.5% of patient days are by non-residents of N.S.

HOSPITAL SERVICES - UTILIZATION
1981/82 - 1985/86



LEGEND
___ PATIENT DAYS (1)
_ _ _ OPD VISITS (2)

(1) A & C Days at General Hospital
(2) Organized OPD & Emergency visits.

PSYCHIATRIC MENTAL HEALTH SERVICES DIVISION

During the 1985-86 fiscal year, the Division continued its role of overall planning and overseeing development of decentralized, comprehensive mental health services throughout the province. The Division approves all budgets for psychiatric facilities and psychiatric services, including non-portable blocks of general hospital budgets. The Division is mandated to evaluate and approve new construction, and it monitors standards, provides staff training and development and consultative services.

The principal highlights of the year were as follows:

Camp Hill Hospital. This Hospital is planning for expansion of beds and services. Also, further renovation of the Acute Observation area was completed.

Nova Scotia Hospital. Approval was given to develop a major computerized patient care system. In cooperation with Government Services, approval was given to provide capital funds for a Heat Reclaiming Project in the Central Laundry. It is anticipated that the payback period of this project will be about two years.

Cape Breton Hospital. Space has been provided for outpatient satellites of the Cape Breton Hospital in the new Glace Bay General Hospital and the new expansion of the Northside Harbor View Hospital. A new smoke detection system was approved and installed at the Cape Breton Hospital.

St. Martha's Hospital. This Hospital is engaged in active planning for a comprehensive mental health program. Construction is to begin in 1986-87.

Aberdeen Hospital. A functional program is being developed to expand from an out-patient service to a comprehensive mental health program.

Colchester Hospital. The Department of Psychiatry and Mental Health Services is providing consultative services to the Youth Training Centre and the Nova Scotia Residential Centre in Truro. Also, there are ongoing discussions concerning the development of a functional program for in-patient psychiatric services in this Hospital in addition to the present Out-patient and Partial Hospital Programs.

Valley Health Services Association. A comprehensive mental health program is offered by this facility. Dr. W. McCormick was appointed interim medical director of the Division of Mental Health Services.

Yarmouth Regional Hospital. A comprehensive psychiatric mental health program is in operation in this Hospital.

South Shore Regional Hospital. A functional program has been approved for this Hospital. Construction will start in 1986-87.

Statistics. A pilot project is underway at the Valley Health Services Association, where the Pro-Scan Reporting System for Social Work is being adopted for use by all professionals in the Mental Health Service. A Department of Health committee, with representatives from this Division and the Systems and Research Division, was also established during 1985-86 and completed a series of reports based on information currently available from existing psychiatric in-patient and out-patient systems. The question of updating or developing a new statistical reporting system for psychiatric mental health services is under active review as it appears clear that workload indicators will become more important in the

decision-making process in the future of psychiatric mental health, in such things as in the allocation of funds during the budgetary process, in staffing recommendations and in overall planning for the delivery of services.

Team Visits. During the year team visits were made to the Nova Scotia Hospital and Cape Breton Hospital together with consultants from the Health Care Institutions Division to aid in budget preparation and future planning.

Division Consultants, in their respective area of expertise, continue to provide consultation to hospitals.

Senior Staff Meetings. Two senior staff meetings were held during the year involving all administrators and medical directors from all mental health and psychiatric servies, as well as representatives of the Metropolitan Mental Health Planning Board and the Nova Scotia Mental Health Association. Reports were made to this group from the Attorney General's Department and the Department of Social Services.

PUBLIC HEALTH PROGRAMS

COMMUNITY HEALTH SERVICES DIVISION

COMMUNITY HEALTH NURSING DIVISION. The Department of Health employs approximately 200 Community Health Nurses and Certified Nursing Assistants who work in seven health units across the province. There are approximately 60 offices from which nursing services are provided. Priorities for this Division are the promotion of health and the prevention of illness.

During the year community health nursing staff visited 134,233 homes, providing nursing services to 201,286 individuals. Within all programs approximately 420,000 persons were in contact with this division personnel this past year.

Maternal-child health continues to be the area of major focus for Community Health Nursing. Prenatal education, through province-wide classes and/or home visiting, was provided to about 18,000 persons. Postnatal visiting to promote the importance of proper immunization practices, good nutritional habits and healthy infant care is also done within the Maternal-Child Health Program, reaching 87,274 persons.

School Health is an important program in which the school-aged population is instructed on healthy lifestyle behaviours. About 77,000 children were seen in schools for education, health promotion, counselling, hearing and vision screening and communicable disease surveillance. A pilot program for Enhanced Vision Screening to the preschool-aged child was undertaken in two health units.

The Immunization Program and Communicable Disease Control Program were involved in a measles outbreak across the province. This was in addition to collecting specimens and an epidemiological investigation of other communicable disease.

Community Health Nursing also participated in several research studies conducted in Nova Scotia: The Nova Scotia Heart Health Survey, the Cape Breton Risk Factor Survey and Enhanced Pertussis Surveillance.

Nursing care in the home was provided to 79,563 persons in the province.

Approximately 12,000 visits were made for follow-up or assessment of clients within the Mental Health/Psychiatric Program.

Professional development programs were provided to nursing staff to promote professional competence. Educational in-service offered by health, social and professional ogranizations is an ongoing program provided to all staff.

HEALTH PROMOTION DIVISION. The Department's health promotion programs are designed to promote healthy lifestyles and to prevent disease and illness. Programs are developed in consultation with the health units, various health and education organizations and professional groups throughout the province.

Program highlights for 1985-86 included the following:

"*Put Measles on the Spot*" was the theme for Immunization Awareness Month. During November a multi-media campaign was implemented in cooperation with the Medical Society of Nova Scotia. In addition to promoting measles vaccination for elementary school children, women of childbearing age were encouraged to check with their doctors to be assured that they were protected against Rubella (German Measles).

"*Smile Nova Scotia*" was this year's Dental Health Month theme. During April the Department, along with the Nova Scotia Dental Association, conducted a province-wide cam-

paign, while the Department's dental hygienists visited schools to organize displays, puppet shows and contests designed to promote good dental health among elementary school children.

"Serving Your Health Needs" was the theme for Canada Health Day 1985. Health units cooperated with local hospitals and other health agencies in hosting mall and hospital displays. The Department distributed "Have a Healthy Day" stickers while one health unit produced several health promotion characters who made their debut at local malls on May 12th.

"Choose To Be Smoke Free" was the theme for National Non-Smoking Week in January, 1986. The Department's Community Health Nurses visited schools or invited students to the health units for a variety of information/promotional activities designed to encourage students not to start to smoke. The Atlantic and Fundy Health Units conducted successful Weedless on Wednesday (W.O.W.) corporate challenges in industries and/or schools within their regions. The Department participated in the national "Break-Free" anti-smoking program targeted at youth 11-17 years. A contemporary "Break-Free" television ad was aired in co-operation with the Nova Scotia Council on Smoking and Health. Special Break-Free materials were made available to projects conducted by the health units and the various health agencies throughout the province. A special media campaign held during February and March 1986 saw the return of Smedley to the television airwaves, transit ads and the print medium.

"Nobody's Perfect -- A Resource for Parents" The Health Education Officer continued to work with other Atlantic provinces and the regional Health Promotion Directorate in field testing and revising the resources for this unique Atlantic Canada project.

NEW RESOURCES - - - *"Safety and Your Preschooler"* The Department worked with the Nova Scotia Safety Council in producing this booklet for parents of preschoolers.

"Recognition and Assessment of the Sexually Abused Child". The Department cooperated with the Medical Society of Nova Scotia in adapting this Ontario booklet and making it available to all physicians and health professionals in the Province.

"Dental Health Flip Chart". This was designed for use by the Department's dental hygienists in their talk to elementary students.

"Happy Healthy You". A hygiene activity sheet and teachers guide were designed for use with students in grades Primary to 3.

"Health Promotion Resource Directory 1986". The fourth revision to this resource for teachers and health professionals was completed.

MEMBERSHIP. The Health Education Officer represented the Department on the Nova Scotia Council on Smoking and Health, the inter-departmental committee for International Youth Year, the Red Cross Elementary Program Committee, the Health Education Advisory Committee for the Dartmouth School Board, the Association for the Advancement of School Health and the Atlantic Region Health Promotion Committee.

NUTRITION SERVICES DIVISION. Nutrition Services continues to focus on nutrition education programs designed to promote health and prevent disease.

Nine community nutritionists located in health units throughout Nova Scotia implement community nutrition programs.

The limited number of staff dictates that the nutritionists provide guidance and information primarily to other professionals and community educators rather than routinely work with the public directly. The exception is their role as instructors in pre-natal classes and pre-retirement courses and their regular contact with citizens through the media.

The primary program emphasis at this time is maternal and child health. Consequently, nutritionists work routinely with health professionals and volunteer agencies, preschool centre staff, educators in the school system and leaders of community groups. A close liaison is maintained with the Departments of Education, Social Services and Agriculture.

Nutrition Services is a major source of printed nutrition information for professionals and the public. *Year One, Food for Baby* was developed by Nutrition Services and is distributed by community health nurses and nutritionists to parents of all newborns in the province. Health professionals report that motivated parents use *Year One, Food for Baby* daily. In 1984, *After Year One, A Guide for Parents* was developed as a sequel to *Year One, Food for Baby* to help parents develop good food choices in children aged 1-6 years. This resource was first released in June, 1985.

Nutrition Services has also developed a resource entitled *The Nova Scotia Eater's Almanac*, which is a practical guide to nutrition for consumers in Nova Scotia. This resource was distributed for the first time in 1985-86.

The school program continues to change and develop. Community nutritionists actively promote the need for nutrition education among school decision-makers. This year services included teacher workshops, resource lending services (such as films, books), surveys of adolescent eating habits for district school boards and training for school food service staff. *From Soup to Nuts*, a newsletter written for teachers by community nutritionists, was distributed to all schools in the province during Nutrition Month (March, 1986).

Nutrition Services provides a consultative role to the Department of Social Services Day Care Branch. Community nutri-

tionists review menus served in centres and provide feedback to Day Care Services for their use in renewing licenses. Training programs for staff of preschool centres are an ongoing part of the services provided by Nutrition Services.

In addition, a newsletter entitled *Crunch* was developed and distributed to all day care centres in the province during Nutrition Month.

Community nutritionists are represented in a wide variety of organizations ranging from the Federal-Provincial Sub-Committee on Nutrition to day care centre boards, the Women's Health Education Network, and boards and committees of professional associations at the local, provincial and national levels. These avenues continue to be effective in influencing the policies and priorities of organizations that have the potential to impact on the nutritional health of Nova Scotians.

EPIDEMIOLOGY DIVISION. While the widespread acceptance of the Department's immunization recommendations by both the public and primary health care providers has led to very high immunization rates in young children throughout the province, (over 95% of children entering school have a history of being immunized against measles, mumps, rubella, diphtheria, whooping cough, tetanus and polio) a major outbreak of measles virus infection was observed during 1985-86. Over 1000 cases of measles were reported throughout the province during the period of November, 1985 to March, 1986. Although it affected all age groups, most cases occurred in individuals over the age of 10 years. Preliminary results from epidemiologic investigations suggest that the major reason for the outbreak was a large number of persons who were susceptible to this virus infection, either because they had never been immunized or because they had received a less effective vaccine given more than 10 years ago. To minimize a recurrence of similar outbreaks in the future, it will be important to concentrate more on adequate immunization of older age groups. However, while the outbreak that occurred during 1985-86 was a serious concern, substantial progress has been made compared to the pre-vaccine era.

Besides measles, no other communicable disease outbreaks occurred during 1985-86. The downward trend in the incidence of tuberculosis has been maintained. Sexually transmitted diseases (STD) continue to be a major health problem, and *chlamydia trachomatis infections* are beginning to surpass gonorrhea as one of the most common STD's. Only one additional case of Acquired Immune Deficiency Syndrome was reported during 1985-86, bringing the total to 6 full-blown cases since January, 1983. With the introduction of the new antibody screening test for the AIDS virus, known as HTLV-III, in October, 1985, along with mandatory reporting of suspected or confirmed cases of AIDS, 28 individuals were reported to have evidence of infection with the virus. While no treatment has yet been found for this serious disease, the widespread availability of laboratory tests for AIDS virus infection is a significant improvement and will assist public health authorities in minimizing the spread of this infection.

This Division continues to have substantial and increased involvement in non-communicable disease epidemiology, such as cardiovascular disease, cancer and environmental health issues. Chemical contamination of drinking water and air pollution continue to be major concerns. For example, epidemiology has been involved in assessing potential health hazards associated with low levels of trichlorethylene (TCE), and arsenic in drinking water, and with polycyclic aromatic hydro-carbons (PAH) in air emissions. Because of concerns over the elevated mortality rates for cancer in industrial Cape Breton, a major risk factor survey was conducted in late 1985. This survey was designed to measure the prevalence of certain "health habits" known to be associated with illness, particularly cancer and cardiovascular disease, and involved approximately 1 500 persons who were randomly selected from industrial Cape Breton. Results are expected in the fall of 1986 and these should provide a more sound basis for planning by health care providers for more effective preventive strategies to improve the health of residents of Cape Breton.

DENTAL DIVISION. The Department of Health continued operation of the Dental Program during the fiscal year ending March 31, 1986, by rendering treatment and preventive dental services to elementary-aged children and preschoolers. Children in dentally underserviced areas and those at high risk to dental decay represent the target population and were considered top priority recipients under the program.

Services provided by dentists consisted of oral examinations, diagnostic services, restorative treatment consisting of fillings, emergency services including dental extractions, consultation and referral and preventive services. Support for, and promotion of, fluoridation was extended to those communities requesting assistance and information.

Dental hygienists employed by the Department of Health provided preventive dental services aimed at preschool-aged and elementary-aged children in underserviced, high-risk, non-fluoridated areas of Nova Scotia. These services include dental examinations (screening), prophylaxis (cleaning of teeth), fluoride applications, parent consultation and patient follow up, and referral for dental care. Oral health promotion continued as the other major activity of dental hygienists, both at the individual patient level and at the community level. This part of the program is being emphasized by the Department due to its impacts in maintaining improved levels of dental health among Nova Scotia children, and its complementary nature to the MSI Dental Program.

The Dental Incentive Program continued to provide financial assistance to locate dentists in underserviced communities in the province. Once again, the result of this program has been a better distribution of dentists geographically and greater accessibility to dental care by more Nova Scotians.

AMBULANCE SUBSIDY PROGRAM. The Ambulance Advisory Board was established by Order in Council in 1971 to assist the province in the administration of the financial assistance program to ambulance operators. The Board is appointed by, and makes recommendations to, the Minister of Health on all aspects of ambulance services in the province.

The Director of the Ambulance Subsidy Program reports to the Administrator of Community Health Services and is responsible for the day-to-day management of the Ambulance Subsidy Program.

The Director is responsible for ensuring that all residents of Nova Scotia have reasonable access to ambulance service, using safe vehicles and appropriately qualified personnel. The Director is responsible for negotiating an agreement between the ambulance operators of Nova Scotia and the Province on a yearly basis and, subsequently, for administering the reimbursement of funds to approved ambulance operators. The Ambulance Subsidy Program provides funds to operate the Ambulance Attendants Training Program, which is responsible for developing and maintaining the expertise of ambulance attendants.

During the fiscal year 1985-86 a total of 59,208 calls were carried out for a expenditure of $7,051,782.31; included in this figure were calls that were listed in Accounts Payable and will be paid in the current year 1986-87. The number of calls performed in 1985-86 represents an increase of 9.6% over total calls performed in fiscal year 1984-85. There was also an increase in inter-hospital transfers, amounting to 6.4% during the same period.

PUBLIC HEALTH ENGINEERING DIVISION. The Division provides health-related engineering services, both as required under the Health Act and as a service to other government departments, municipalities, planning bodies, professional consultants and the general public.

The Division includes eight regional public health engineers and a specialist public health engineer, who report to the Director of Public Health Engineering. Each region is assigned as near as possible on a workload basis and can cover part of one or more Health Units. Regional public health engineers perform duties as specialists in public health engineering and, under the general direction of the Director, are responsible for advising, consulting, planning, inspecting and coordinating the

technical plans, policies, procedures and programs at the health unit level. The engineering and inspection components are complementary to each other; a close liaison is maintained with the Chief Public Health Inspector.

Engineering plans, specifications and reports of all water and sewage works, major subdivisions, school projects, milk pasteurization plants, campgrounds, trailer parks, swimming pools, and construction and extensions to these projects are reviewed by the public health engineers prior to departmental approval being given.

The Division is also responsible for the preparation and revision of regulations relating to any phase of environmental sanitation on a provincial basis, and for the review of municipal regulations made under the authority of the Health Act. Preparation of related inspection and report forms is also a function of the Division.

Educational and instructional activities are a major portion of the work program of the Division. Lectures are given to other health-related disciplines in all phases of environmental sanitation, papers are presented at professional conferences and meetings and talks are given to community gatherings.

Division staff represent the Department on interdepartmental committees related to regional planning, solid waste disposal, subdivisions, housing, well drilling, campgrounds and trailer parks, planning and development, and other matters that require input from the Division. Federal/provincial committees on such subjects as water quality, environmental contaminants and liaison with federal officials also require participation by Division staff, as well as many local, municipal or regional bodies. Divisional staff also participate actively in appropriate professional organizations, including the Canadian Public Health Association, Public Health Association of Nova Scotia, American Water Works Association and the Nova Scotia Association of Professional Engineers.

OCCUPATIONAL HEALTH DIVISION. As of January 1, 1986, the staff of this Division, with the exception of the radiation personnel, were transferred from the Department of Health to the Occupational Health and Safety Division within the Nova Scotia Department of Labour. This transfer did not change the Occupational Health Division structure or advisory function but unified all occupational health and safety functions for the province within one Department under a single Act ("Occupational Health and Safety Act - 1985 Chapter 3.")

Throughout the year the Division's efforts continued to emphasize awareness of potential and actual hazards in the work environment, with special stress placed on control and prevention. To achieve this, members of the Division participated in educational training programs across the province and also provided consultation services in occupational health to industry, labour, other government departments and private individuals.

Increasing awareness of occupational health considerations has resulted in an increase in the number of requests for both on-site investigations and information. Current projections indicate the need for this type of service will expand in the future.

The programs of this Division can be grouped under the following general headings: Industrial Hygiene, Occupational Health Nurse Consultant, and Radiation Inspection.

Industrial Hygiene Section. A large proportion of the section's activities consisted of inspections and requests for evaluation of specific health hazards associated with exposures to chemicals and to physical agents in the work environment.

During this year a survey of municipalities was carried out to determine their compliance with code of practice on entry into sewers/manholes. Further follow-up is needed in this area.

In 1985-86 surveys of users of isocynates were also started in conjunction with the Department of Labour. These were

started to ensure companies' compliance with guidelines for establishing operating procedures for use of isocyanate-containing materials. The surveys will be continued during 1986 until all establishments using isocyanates are inspected.

During the year three provisional codes of practice for carrying out different types of work with asbestos were prepared. A more detailed single code is still being worked on.

Occupational Health Nurse Consultant. This position remained unfilled until October, 1985. From then on, the Consultant, through direct contact with occupational health nurses in the province and with safety personnel and physicians of various companies working in industry, was active in promoting a positive acceptance among a number of companies for developing new, or improving existing, occupational health services being provided by them. The nurse consultant also promoted control and prevention of actual and potential health hazards at work through her lectures to, and talks with, occupational health nurses and other interested groups. Her work has helped to publicize the work of the Occupational Health Division and has brought requests for evaluations of conditions at work from both management and unions.

Radiation Inspection Section. The main effort of staff of this section continued to be directed towards a radiation surveillance program for hospitals, dentists and others using x-ray equipment. The surveillance included evaluations of actual and potential exposures to x-rays of both workers and patients, and included participation in the National Evaluation of X-ray Trends program operated by the Radiation Protection Bureau. In addition, checks of licenses under the Atomic Energy Control Board, checks of radioactive materials in transit, and other types of inspections were carried out. Section staff were also involved in giving lectures and attending meetings with federal and provincial counterparts.

PUBLIC HEALTH INSPECTION DIVISION. The Division's function is carried out through the seven health units in the province.

Inspectors are located strategically in 27 offices throughout the province, where they are able to provide service and consultation to Boards of Health, municipal bodies, other departments of government (both federal and provincial) and to the people within the community. The Chief Public Health Inspector is responsible for technical competence of the inspection staff, program development and program monitoring, as well as consultative services to the health units, other government departments and the general public. The Public Health Inspection Division works in close liaison with the Division of Public Health Engineering.

To ensure the duties of the Inspection Division include adequate preventive measures to protect the health of the community, the main duties of the Division are grouped under a number of headings, including: monitoring of public and private water supplies; on-site and municipal sewage disposal; food service areas, including: eating establishments, foodshops, pasteurization plants, milk and milk products and bakeries; swimming pools; beaches; homes for special care; and tourist establishments.

The Health Inspection staff continue to be very active in the field of public and foodhandler education. Foodhandler education courses were offered to eating and foodshop establishment operators as well as to foodhandlers in hospitals, homes for special care and waitress training schools. In cooperation with the Division of Public Health Engineering, on-site sewage disposal installers courses, with particular emphasis on amendments to the On-site Sewage Disposal Regulations (1985), were conducted throughout the province in the fall and will be continued into 1986. A more detailed course for qualified persons was also developed and was presented in early 1986.

Surveillance of water supplies, including chemical and bacteriological sampling of municipal supplies, schools, tourist establishments, trailer parks and swimming pools, were major concerns, as well as the provision of adequate on-site sewage disposal, particularly in areas where soil conditions necessitated larger building lots and more expensive types of disposal systems.

The "Contour Trench" concept of sewage disposal was introduced during the year so that building site lot sizes could be reduced. In addition, legislation for the licensing of installers was commenced by the Boards of Health to ensure proper installation of on-site systems.

HEALTH SUPPORT SERVICES

FINANCE DIVISION

The first of the two accompanying schedules provides the expenditures for the fiscal year ended March 31, 1986 for the various health care services that are the responsibility of the Department of Health. A comparison is made of the costs for the year just ended with those of the previous 12-month period ended March 31, 1985. The Finance Division of the Department is concerned with assembling and monitoring the capital and operating budgets relating to these expenditures.

A staff administers the funding of the hospital insurance program, including psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the province. Accounting Counsellors provide information to assist the hospitals with the preparation of their annual operating budgets and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the year-end.

Expenditures by the Department for approved services and equipment in general hospitals totalled $541,782,784 in 1985-86, an increase of 6.6% over the previous period, including new and expanded programs. It should be noted that the effects of expenditure restraints are slowly being reflected on health expenditures. The increase for 1985-86 represents a decline from the 9.9% increase in 1984-85.

The amount of $10,384,377 for construction grants is 12.2% over the 1984-85 level. During the fiscal year 1985-86, major projects were carried out for the completion of Glace Bay General Hospital and for renovations at Colchester Hospital in Truro, Soldiers' Memorial Hospital in Middleton and Northside Harbour View Hospital in North Sydney.

The final group of expenditures on the schedule are the operating budgets for the programs and policies of the two areas of administration and community health. Included here are the

costs of the seven regional health units, the public health nursing service, the public health inspection service, the nutrition service, the ambulance subsidy program and the community health dental service. The promotion of health and the prevention of disease, along with the cost of administering the Department, totalled $37,376,189 in 1985-86, an increase of 7.5% over the previous year. Generally, this increase is accounted for by the effects of inflation on the cost of salaries and supplies.

Capital equipment for the operating section of the Department amounted to $68,829 in 1985-86, representing an increase of 40.9%. Capital equipment represents the purchase of equipment costing over $1,000. Because of the nature of this type of expenditure, costs are usually non-recurring and tend to fluctuate greatly from year to year.

Recoveries from other provinces for hospital services provided to residents insured under their insurance programs, along with recoveries from third parties (insurance companies), provide offsets to the operating costs.

The net cost to the province for the various health care services amounted to $570,319,850 for the fiscal year ended March 31, 1986. The major causes of the 6.4% rise from the level of the previous year were the impact of new and expanded services, the level of salary settlements and the pressures of inflation on the other operating costs in the hospitals.

Revenue is received by the Department from the sale of birth, death and marriage certificates, and by the Victoria General Hospital for the room differential cost charged to patients of the hospital.

The Division of Finance continued to be responsible for the third party liability operations through which the Department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. The second accompanying schedule provides a summary of the volume of claims received, processed and remaining open during the year just ended, with a comparison of the volumes handled during the prior year. The dollars recovered towards the costs of hospital and medical services resulting from accidents for the year are also shown. The 62.2% increase in the amount recovered for 1985-86 reflects a number of larger claims being settled during the year, and not any change in policy.

EXPENDITURES
FOR THE TWELVE-MONTH PERIODS
ENDED MARCH 31, 1986 AND MARCH 31, 1985

	March 31 1986	March 31 1985	% Inc. (Dec.)
Hospital Services			
General Hospital Services	$491,787,301	$459,816,877	7.0
Psychiatric Services	40,516,015	38,078,453	6.4
Capital Equipment	9,479,468	10,305,052	(8.0)
	$541,782,784	$508,200,382	6.6
Hospital Construction			
Capital Debt Assistance	$ 4,371,980	$ 4,332,498	0.9
Construction Grants	10,384,377	9,253,601	12.2
	$ 14,756,357	$ 13,586,099	8.6
Health Administration & Programs			
Administration	$ 13,710,118	$ 12,573,493	9.0
Community Health Services	23,597,242	22,154,600	6.5
Capital Equipment	68,829	48,865	40.9
	$ 37,376,189	$ 34,776,958	7.5
TOTAL EXPENDITURES	$593,915,330	$556,563,439	6.7
Deduct			
Out-of-Province Recoveries	$ 21,878,739	$ 19,413,679	12.7
Third Party Liability Claims	1,716,741	1,058,130	62.2
Federal Gov't Recoveries	0	37,914	0
	$ 23,595,480	$ 20,509,723	15.0
Net Expenditures	$570,319,850	$536,053,716	6.4
REVENUE			
Vital Statistics	$ 366,037	$ 399,721	(8.4)
V. G. Hospital	450,813	713,522	(36.8)
	$ 816,850	$ 1,113,243	(26.6)

THIRD PARTY LIABILITY RECOVERIES FOR THE TWELVE-MONTH PERIODS ENDED MARCH 31, 1986 AND MARCH 31, 1985

	March 31 1986	March 31 1985
Files carried open as of April 1	2,380	2,284
New files opened during the year	2,518	2,288
Total files under examination and negotiation	4,898	4,572
Files closed during the year	2,721	2,192
Files remaining open as of March 31	2,177	2,380
Breakdown of Recoveries		
Hospital costs	$1,501,636	$930,698
Medical costs	211,236	132,745
TOTAL RECOVERIES	$1,712,872	$1,063,443

INFORMATION SYSTEMS AND RESEARCH DIVISION

In 1985-86 there were no organizational changes in the Systems and Research Division. The services provided continue to be in the areas described below. The highlights and statistics for the year follow:

HEALTH MANPOWER PLANNING. The health manpower section is responsible for the planning and monitoring of human resources, primarily in the areas of manpower utilization, productivity, supply, distribution and education, and the development of comprehensive provincial health manpower policies to correct any perceived resource imbalances.

As part of a continuing project on physician manpower planning, Nova Scotia has been involved in the development of a federal-provincial strategy regarding the influx of foreign medical graduates to Canada, as well as a review of the ways and means of upgrading available physician manpower information through better link-ups between provincial registries and medical services payment plan data.

In addition, a comprehensive review of Nova Scotia's dental manpower needs to the year 2000 was completed during the year with the aim of tailoring dental school enrollments to meet projected future requirements. Phase two of a long-term review of both nursing and rehabilitation manpower requirements is slated for completion in 1986. The new year will also include a re-assessment of regional medical manpower requirements' as well as the establishment of an Atlantic health manpower advisory committee primarily to examine regional needs for hospital personnel.

The following table sets out the growth in the numbers of health professionals in Nova Scotia over the past year.

Category	1984	1985	% Change
Physicians	1,502	1,511	0.6
Dentists	336	345	2.7
Certified Nursing Assistants	3,376	3,298	-2.3
Registered Nurses	8,969	9,236	3.0
Physiotherapists	219	241	10.0

PROGRAM EVALUATION AND RESEARCH. The Program Evaluation Analyst worked for and with professional staff members from the three medical service divisions on the following major projects:

Community Health Division

Time to Quit Program - The implementation of the Time to Quit Program in Nova Scotia was evaluated. The report is available from the Nova Scotia Division of the Canadian Cancer Society.

Dental Health Month - A survey was conducted of elementary school teachers in the province to obtain some feedback on Dental Health Month. The report is available from the Community Health Division.

Psychiatric Mental Health Division

Psychiatric Day Hospital Program - The Valley Health Services Association, in conjunction with the Department of Health, began a pilot project to monitor outcomes from partial hospitalization programs. Data are collected from the client and significant other persons at 4 points in time: admission, discharge, 6 months post-discharge and 12 months post-discharge.

Suicide Research - The evaluation analyst worked closely with Dr. Solomon Hirsch at the Victoria General Hospital to develop a computerized database consisting of demographic information on the suicides in Halifax County in the last 10 years. This system will be expanded to include all suicides from across the province. Other projects included the study of longitudinal suicide trends and suicide attempters.

Depression in the Elderly - Research was started with Dr. Ravindran, Camp Hill Hospital, into the reliability and validity of various depression scales with the depressed elderly population, and on the use of an adverse symptom checklist prior to administering anti-depressant medications.

Health Care Institutions Division

Gastro-Intestinal Group - Development work neared completion on a methodology to evaluate the impact on the quality of care of the formation of the GI Unit at the Halifax Infirmary. It is expected that this project will be implemented in fiscal year 1986-87.

Occupational Therapy - A committee was formed consisting of representatives of the School of Occupational Therapy, the Department of Health and the Department of Community Health and Epidemiology at Dalhousie University to examine the quality of care of occupational therapy in the province. This committee prepared a National Health Research and Development Program grant application and hopes to conduct a major evaluation project in 1986, 1987 and 1988.

DEPARTMENTAL COMPUTER SYSTEMS. The Department now uses several in-house computers, namely, Zilog 8000, NCR Tower, Jemini (IBM XT compatible), Victor 9000, Texas Instruments Professional (2 in Head Office, 8 in Health Units) and an MAI S/10. The highlights of the year for the major users follow:

Community Health - Four Health Units (Fundy, Lunenburg-Queens, Northumberland and Western) received Texas Instruments Professional microcomputers. All seven Health Units are now using their microcomputers for data entry in the Community Health Nursing System and the Public Health Inspectors System. Training was conducted in six of the Health Units (all except Northumberland) in word processing, database management and spreadsheet analysis. A congenital anomalies database was set up on the Community Health head office microcomputer. A water quality assessment database was set up on the Information Systems and Research Division microcomputer. This system collects test data and allows it to be transmitted to a database in Ottawa. A pilot for an Ambulance Subsidy Program database containing claims and statistical data was begun on the NCR Tower.

Institutions - A Jemini PC-XT microcomputer was installed in the Institutions Division to assist in the production of statistics on hospital usage and facilities requirements in order to assist in facilities planning. Development of a Pharmacy Workload Measurement System was begun on the Victor 9000 microcomputer. A pilot for a Diabetic Day Care system was developed on the NCR Tower microcomputer.

Finance - A PC 2000 microcomputer was installed late in the year by the Department of Finance to allow communications with the Department of Finance HP 3000 computer. The Final Settlements calculations for hospital budgets have been computerized on the Zilog 8000 computer.

Other - A physician database file has been created on the Information Systems and Research Division computer. A workload measurement database for hospital social workers has been created on the Community Health head office computer.

The most significant mainframe computer projects were the completion of the Day Surgery file, and the preliminary design for a Demographics database. The Day Surgery file now holds province-wide data for the two fiscal years 1983-84 and 1984-85. The Demographics database will be useable in conjunction with the Hospital Admissions/Separations data. It will contain breakdowns of populations by age, sex and other demographic criteria.

HEALTH CARE STATISTICS. In excess of 400 requests from the Department, hospitals and researchers for ad hoc information were programmed and sent out. More than 2,400 Admission/Separation Reports were requested by hospitals for use in analyzing morbidity and facility utilization.

Data entry for both Community Health Nurses and Public Health Inspectors was done at the health units this year, rather than at the Provincial Data Centre. The following figures represent the number of records and forms, including corrections, processed by this Division:

Hospital Admission/Separation Forms	217,995
Out-of-Province Separation Forms	3,990
Psychiatric In-Patient Forms	5,362
Psychiatric Out-Patient Forms	122,207
Community Health Nurses Records	438,492
Community Health Inspectors Records	75,640

HEALTH RECORDS CONSULTING. The Health Records Consultant provided assistance to hospitals within the province on matters relating to the processing of patient information in Admitting and Medical Records Departments. Throughout the year 39 hospitals were visited and 95 requests were answered.

Assistance was given in planning for new facilities and with conversion to computerized systems. A computer planning team was formed and visited Colchester Hospital, South Shore Regional Hospital, St. Martha's Hospital and the Nova Scotia Hospital to assist in planning computerized patient information systems.

Use of automated day surgery data increased, and the Consultant was responsible for auditing and analyzing much of this data.

The sampling of out-patient visits was conducted again this year using a single site (Western Kings Hospital). This system is still being refined, and immediate plans are to continue using it on a sample basis in the Valley region.

Assistance was also provided to the Working Party on Standards for Health Record Services in hospitals in New Brunswick and to the Workload Measurement System for Health and Welfare Canada, A presentation on staffing in Medical Record Departments was prepared for the Alberta Health Record Association's annual conference.

HOSPITAL COMPUTER SYSTEMS. As in previous years, this section provided assistance to health institutions to select and install computer software and hardware. While many different personal computer systems were purchased for specific purposes, the number of larger systems purchased was much smaller. The largest purchase in 1985-86 was a group purchase by four hospitals of Data General hardware to run the provincial Patient Administration System software. These hospitals are Dartmouth General, Colchester, Sydney City and Camp Hill. The MAI computer displaced from Dartmouth was installed at South Shore Regional Hospital. The Patient Administration software has been requested by fifteen hospitals, including the ones that have already installed one or two modules, such as the Central Patient Index.

The only new sites for the provincial Financial Systems software were at Roseway and Fishermen's Memorial, which purchased ALTOS multi-user microcomputers. Other hospitals already using ALTOS and MAI computers installed additional programs during the year. The maintenance and installation work was again provided by private vendors under a provincial contract. The most significant new development work was done at the Yarmouth Regional Hospital. The Inventory System was changed to a First-In-First-Out (FIFO) system and an automatic Purchase Order System was added. Several hospitals will be installing this software. Also, extensive work was done to design a Pharmacy package, which will be made available to all hospitals.

The Valley Health Services Association, pilot site for the new national hospital MIS Guidelines, developed a new General Ledger system during 1985-86 and installed additional Workload Measurement Systems that are essential to the project. Work will continue until the end of 1987.

The Victoria General Hospital patient administration system project, using a Sperry 1100 mainframe computer, continued successfully in 1985-86. The most significant development was the conversion of the Admitting and Emergency Departments to the new system.

VITAL STATISTICS DIVISION

The function of this division is to carry out the administrative and clerical duties required in the administration of the Vital Statistics Act to provide vital statistical data from the records filed under this Statute as the need arises, and assist in the compilation and analysis of morbidity and mortality statistics for the Department.

A total of 555 copies of orders for adoptions were received and filed, with the notation of the adoptions completed on the birth records of the adopted persons. Re-registrations of adoptions numbered 435.

Other notations completed on records during the year totalled 888;, legitimations completed totalled 242.

Questioning informants regarding missing or obviously incorrect information on current registrations resulted in a total of 3,724 queries from the office.

Letters received by the Division totalled 38,167, with outgoing letters totalling 39,297 letters of query.

Changes of name completed under the Change of Name Act totalled 380 for the year, with 104 duplicate certificates of Change of Name being issued.

Clergymen of all denominations newly registered under the Solemnization of Marriage Act to perform marriages in the province totalled 308. Clergymen whose names were removed from the Clergymen's Register during the year numbered 96.

Delayed registrations of birth, being registrations completed more than one year following the date of birth, were completed and filed for 560 persons.

Registrations of current vital occurrences were filed as follows:

Births	12,467
Deaths	7,406
Stillbirths	89
Marriages	6,808

These represent the actual number of registrations of these events filed and may differ slightly from the final vital statistics tables where the figures are stated by place of residence.

Certificates issued from the records during the year are as follows:

Type of Certificate	Total
All Certificates	44,337
Birth (Short Form)	96
Birth (Long Form)	2,200
Birth (Wallet-size)	34,714
Death (Short Form)	2,295
Death (Long Form)	342
Marriage (Short Form)	59
Marriage (Long Form)	9
Marriage (Wallet-Size)	1,842
Photocopies	2,780

Searches of records for which a count was maintained totalled 44,665. Many hundreds of searches made to verify information for other government departments, and others in which authority exists to do this work without charge, are not counted.

Due to the fact that tabulations of details from the records of vital occurrences for the year 1985 cannot be completed until after this report will have been printed, specified causes of death and other detailed data cannot be included here. Such details will be available at a later date direct from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia, or from Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL DIVISION

In 1985-86 the Department deleted a net of ten positions from the establishment for an estimated cost decrease of $320,339 (see Tables 1 and 2). There were 37 approved vacancies in 1985-86 compared to 51 in 1984-85 (Table 3). With a policy of reducing the size of the Civil Service, a greater reliance was placed on the use of casual labour, such that 60 people were appointed on a short-term basis not only to replace staff absent for reasons such as maternity leave, etc., but also to fill in for vacant positions for various periods of time. This is a 50% increase in the use of short-term appointments (Table 4).

The Department, in cooperation with the Civil Service Commission, provided 65 employees with short course training in such areas as pre-retirement planning, supervisory techniques and developmental courses for secretarial staff. This 29% reduction in the amount of short course training provided was found necessary due to budgetary restrictions.

In 1985-86 four positions were reclassified upwards, mainly due to the reorganization of the Finance Division.

Although absenteeism continues to be the major problem , a 3½% decrease was seen in the number of days lost over the previous year. This decrease is not seen as an improvement but rather as a reflection of decreased staff. The number of days lost during 1985-86 was 6,297½.

Eleven employees retired from the Department of Health during the year, with an average of 24 years service per employee. They were:

Barbara Dexter - CHN, Lunenburg-Queens Health Unit
Thelma Dunn - Secretary, Health Services and Insurance Commission
John E. Gray - Supervisor, Supplies and Services, Finance
Margaret MacKenzie - Secretary, Cape Breton Health Unit
Dr. Vincent MacMaster - Dentist, Cape Breton Health Unit
Jean Mason - General Coder, Information Systems and Research
James McKelvie - PHI, Atlantic Health Unit
Mary Mercer - CHN, Atlantic Health Unit
Mabel Shaw - CHN, Atlantic Health Unit
Donald Waller - Ex. Sect'y, Health Services & Insurance Commission
Veronica Wirt - CHN, Atlantic Health Unit

TABLE 1
ESTABLISHED POSITIONS

	March 31/85	March 31/86
Field CHN's and CNA's	202	202
Inspectors	66	66
Engineers	9	9
Dentists	5	5
Dental Assistants	5	4
Dental Hygienists	26	26
Nutritionists	8	8
Clerical	154	149
Consultants, Technical and Administration	88	84
TOTAL	563	553

TABLE 2
ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1/85 - March 31/86

	POSITIONS		ESTIMATED COST	
	Added	Deleted	Added	Deleted
Medical Staff (MS)	0	0	0	0
Professional Management (MCP, OIC)	1	3	$47,070.00	$148,798.00
Professional & Technical (PR) (TE)	2	4	$64,767.00	$167,209.00
Clerical (CL)	3	8	$56,361.00	$153,874.00
Nursing (HSN, HSA)	0	0	0	0
Inspection (TE)	1	1	$33,168.00	$31,880.00
Nutrition (PR)	0	0	0	0
Dental (TE, HSB) & Admin.	0	1	0	$19,944.00
TOTAL	7	17	$201,366.00	$521,705.00
NET DELETED		10		$320,339.00

TABLE 3
VACANCIES

	April 1, 1984 to March 31, 1985	April 1, 1985 to March 31, 1986
Consultants, Technical and Administration	5	4
Training Positions	3	4
Nursing	13	6
Engineering (Inspection)	2	3
Dental	11	4
Nutritionists	0	1
Clerical	17	15
TOTAL	51	37

TABLE 4
APPOINTMENTS AND SEPARATIONS

	APPOINTMENTS		SEPARATIONS	
	April 1/84 to March 31/85	April 1/85 to March 31/86	April 1/84 to March 31/85	April 1/85 to March 31/86
Deputy Minister's Office (including Personnel and HSIC)	0	1	1	1
Health Care Institutions	1	0	1	0
Finance	2	1	4	2
Information Systems and Research	1	0	0	2
Psychiatric Services	0	0	0	0
Community Health - Administration (Central Office and Health Units)	5	3	7	7
Nursing Services	7	4	10	6
Engineering (Engineers and Inspectors) & Occupational Health	5	5	2	9
Dental	1	2	7	3
Nutrition Services	0	0	2	1
Vital Statistics	3	2	2	3
TOTALS	25	18	36	34

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health since October, 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health on all matters in the health field. Advice to the Department is given in the main through senior staff officials on administrative, poli ,y and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines), hospital operation and the Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education and preparation of contracts and other documentation for consideration by the Executive Council, Policy Board and Management Board.

The Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, the Victoria General Hospital and the Nova Scotia Hospital.